

CHARLES JOHNSON

PLAINTIFF/PETITIONER/MOVANT'S NAME

H-54577

PRISON NUMBER

KERN VALLEY STATE PRISON
P.O. BOX 5101

PLACE OF CONFINEMENT

DELANDO CALIF 93216

ADDRESS

RECEIVED
CLERK, U.S. DISTRICT COURT
AUG 22 2008
CENTRAL DISTRICT OF CALIFORNIA
BY  DEPUTY

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2008 SEP -5 PM 2:46

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY  DEPUTY

NUNC PRO TUNC

SEP -4 2008

United States District Court
Southern District Of California

CHARLES JOHNSON

Plaintiff/Petitioner/Movant

v.

A. FIGUEROA, et al.

Defendant/Respondent

Civil No. 08-1242 H (JMA)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, CHARLES JOHNSON

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration KERN VALLEY STATE PRISON

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- e. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. N/A

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: N/A Year: N/A Model: N/A

b. Is it financed? Yes No N/A

c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. N/A

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I AM CURRENTLY INCARCERATED AND THE STATE IS TAKING CARE OF MY DAY-TO-DAY EXPENSES WHICH KERN VALLEY STATE PRISON IS VIOLATING AS WELL

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

8-3-08

DATE

Charles Johnson

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant

Johnson, Charles 454577

(NAME OF INMATE)

454577

(INMATE'S CDC NUMBER)

has the sum of \$

0

on account to his/her credit at

Kern Valley State Prison

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities

n/a

to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's *average monthly balance* was \$ 2.71,

and the *average monthly deposits* to the applicant's account was \$ 16.87.

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT

STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD

IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

8/12/08

DATE

Vicki P. Scruggs

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Vicki P. Scruggs

OFFICER'S FULL NAME (PRINTED)

Asst. Jack

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic *denial of* the prisoner's request to proceed in forma pauperis.)

I, CHARLES JOHNSON
(Name of Prisoner/ CDC No.) request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$350 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

8-3-08

DATE

Charles Johnson

SIGNATURE OF PRISONER

REPORT ID: TS3030-701

REPORT DATE: 08/07/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 KERN VALLEY STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU AUG. 07, 2008

ACCOUNT NUMBER : H54577 BED/CELL NUMBER: FAB800000000111W

ACCOUNT NAME : JOHNSON, CHARLES ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/01/2008		BEGINNING BALANCE					0.00
03/19	D320	TRUST FUNDS T 1500/CAL			12.01		12.01
04/14*	DD30	CASH DEPOSIT 1645/MR			56.25		68.26
04/15	FC01	DRAW-FAC 1 1652/FA3D				68.26	0.00
04/30	FR01	CANTEEN RETUR 701732				4.26-	4.26
05/19	FC01	DRAW-FAC 1 1868/FA3D				4.26	0.00
07/10*	DD30	CASH DEPOSIT 0067/MR			45.00		45.00
07/21	FC01	DRAW-FAC 1 0120/FA3D				45.00	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 11/05/92 CASE NUMBER: CR43804
 COUNTY CODE: RIV FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS.	AMT.	BALANCE
02/01/2008		BEGINNING BALANCE			7,724.37
04/14/08	DR30	REST DED-CASH DEPOSIT		62.50-	7,661.87
07/10/08	DR30	REST DED-CASH DEPOSIT		50.00-	7,611.87

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS	TRANSACTIONS
0.00	113.26	113.26	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

THE WITHIN INSTRUMENT IS A
 CORRECT STATEMENT. THE TRUST
 ACCOUNT WAS MAINTAINED BY THIS OFFICE.
 ATTEST:



CALIFORNIA DEPARTMENT OF
 CORRECTIONS AND REHABILITATION

BY *Bruce J.*
 TRUST OFFICE

*Ammed
 3-7-08
 Calparia*

REPORT ID: TSJ3030 .791

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU AUG. 12, 2008

ACCOUNT NUMBER : H54577
ACCOUNT NAME : JOHNSON, CHARLES
PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

TRANSACTION DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM.	DEPOSITS	WITHDRAWALS	BALANCE
02/01/2008		BEGINNING BALANCE					64.95
02/01	W501	SHIPPING CHAR FEDEX	4360			7.44	57.51
02/25	W515	COPY CHARGE	02/25 4838			0.50	57.01
02/25	FC05	DRAW-FAC 5	INF 4868			57.01	0.00
03/03	PR01	CANTBEN RETUR	704992			12.01	12.01
03/11	W610	TRANSFER OF T KVSP	5241 111069008			12.01	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLES	TRANSACTIONS TO BE POSTED
64.95	0.00	64.95	0.00	0.00	0.00

THE INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Charles Johnson
TRUST OFFICE

CURRENT AVAILABLE BALANCE
0.00

REPORT DATE: 08/12/08
PAGE NO: 1

08-12-08 11:28 Pg: 2/2

TRUST

Fax sent by : 3486026